

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17599**

FILED JUN 29 1955

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>171</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ADAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (In this place) <u>only</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HAUGHNIN Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1116 N. CENTENNIAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>VICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21-1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 14-1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Tull</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Clem</u>		14. NAME OF HUSBAND OR WIFE <u>Buron Vice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl R. Hawkins</u> ADDRESS <u>Kirksville Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Hypertensive cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u>				INTERVAL BETWEEN ONSET AND DEATH weeks <u>11</u> years <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-11-55</u> , 19 <u>55</u> , to <u>6-21-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-21-55</u> , 19 <u>55</u> , and that death occurred at <u>11:35</u> p.m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl R. Hawkins</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>6-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>24 June 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stukey</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nov 6 Foster</u> ADDRESS <u>Kirksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.